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## \*BIBDATASHEET\*

CONFIRMATION NO. 6059

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<b>SERIAL NUMBER</b> 10/808,696	<b>FILING OR 371(c) DATE</b> 03/25/2004 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1654	<b>ATTORNEY DOCKET NO.</b> 31611-5A
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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a DIV of 09/050,366 03/31/1998 PAT 6,846,800 which is a CON of 08/857,245  
05/16/1997 ABN  
which claims benefit of 60/017,822 05/17/1996

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 06/07/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature Initials	<b>STATE OR COUNTRY</b> SWEDEN	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 8	<b>INDEPENDENT CLAIMS</b> 1
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## ADDRESS

24256

## TITLE

METHODS FOR TREATING A PATIENT HAVING METABOLIC SYNDROME

<b>FILING FEE RECEIVED</b> 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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